POSTNATAL DEPRESSION

NO SHAME!

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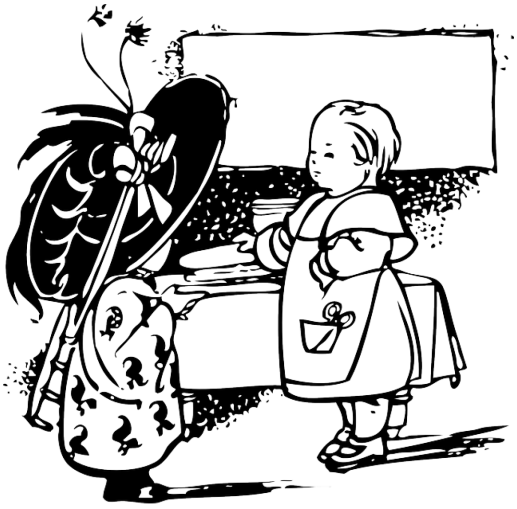
The Childhood Script

Growing up most of us dreamt of finding the perfect boyfriend or girlfriend if you are a man reading this. As kids, we played *house* where someone was the daddy or mummy, and someone played the kids. The games were always loads of fun, the family was the *perfect* family, and the kids were the *perfect* kids, as were daddy and mummy. The scripts guiding those childish games did not include domestic violence, divorce, single motherhood or single fatherhood, nor did it include the pains of childbirth or any complications arising from that. Sleepless nights, mood swings, and all the colorful projectiles of vomit coming from infants, snotty noses, or the runny nauseatingly smelly watery substances that leak from a nappy when it has reached saturation point, were not part of our imaginative world. It was a perfect world, filled with perfect people.



Imagination is a beautiful thing, and as we become young adults for the greater part, we remained naïve about what was truly involved in the whole family and raising kids thing. Even when others tried to tell us about the challenges involved, or we saw people struggle, we had a somewhat unrealistic and naïve expectation that we will never have *their issues*, we will have the perfect marriage, birth, raise the perfect baby, and live an all-around *perfect* life. Then one day we got married and *reality* hit us straight between the eyes and for some reason life did not match the scripts we wrote as children for our plays, nor resemble our expectations as adults.

Perhaps I am merely describing my own life, and yours was more grounded in reality. Even if that is the case, living through experiences can be vastly different to what we might have anticipated or been told. When expectations and dreams differ from one's reality, one can feel the pressure to put on a brave face, cope as best we can, keep up appearances especially as we compare ourselves with others who seem to be blitzing both marriage and motherhood.

It is difficult to *keep it real*, when we feel all eyes are upon us, sensing pressures, some of which may be real and some imagined. We believe that we should naturally rise to this role because as women we are genetically geared for it; after all, men have no womb to carry and nurture a child for 9 months, nor breasts to nurture them once they arrive. Therefore, to *keep it real*, we need to explore the topic and see postnatal depression as a *real phenomenon,* not an indication that a mother is *lazy, incompetent,* or experiencing this as something *psychosomatic*.

Keep It Real

The reality is that postnatal depression (*PND also referred to as postpartum depression, PPD*) is far more widespread than we may be aware. The statistics hover at an alarming *1 in 10 women* experiencing postnatal depression ranging in degrees of severity. It hits without warning and is not constrained by ethnicity, social status or age. It can strike following the birth of the first child or after any number of births. What researchers are now noting is that it can surface *4-years post-birth*. It can linger for *months*, and for some the effects on personality can last for *years*, whilst others return to normal once the menstrual cycle resumes. There are *no rules* by which it abides; it surfaces as a consequence of its *own triggers*. When it strikes, a mother is left pondering what is wrong with her, and where nothing is obvious outside of normal sleep deprivation, shrugs it off and *soldiers on*. It will be helpful to look at a few stories to see how different people journeyed through postnatal depression. In sharing their journeys, I hope that if you identify with any of the stories at this time in your life, that you will see yourself as *normal* and not as a *failure*. Take the opportunity to *seek assistance* and speak up, so those who may be unaware can become aware, and empowered to come beside you and help you through this time.

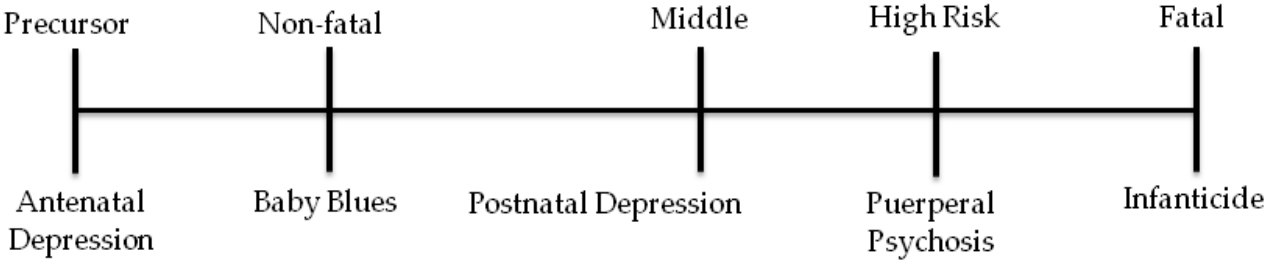
In the following section, we will delve into three stories, whilst they will hold many aspects in common, the way they handled the journey may differ as might their outcomes. As a young mother, I experienced postnatal depression following the birth of my second child, Jade. Tragically, Jade my 22-year-old daughter was lost to suicide in 2010 after suffering 8-months of severe postnatal depression. Sadly, her story had an

additional immediate casualty, that of her 8-month-old son, James (*not his real name by father's request*). Her depression did not start as with much *post-birth*, her anxiety started *pre-birth*. We will get to her story. Jade sits at the *extreme* end of the consequences of *PND*. My story sits at the other end of the spectrum, the *non-fatal* end, where probably the majority of mothers find themselves.

Fiona, a wonderful woman, has kindly offered to contribute her journey through *PND*; she sits in the *middle* of the continuum. Before we explore these stories, let us take a brief overview of the *PND* spectrum.

The Postnatal Depression Spectrum[1]

Understanding the various shades of *PND* empowers a mother to identify where she might sit along the continuum. Where a mother may experience difficulty in evaluating where she is in the journey, her husband/partner may be able to assist in light of the following. We will talk about *antenatal depression* (*AND*) last and its connection with *PND*, and discuss *baby blues* first in moving along the spectrum.



Real puberty blues, unlike the movie, strikes when young people's bodies are transitioning into adulthood. Young teens experience puberty blues in the form of *emotional turmoil* in response to their body changing, leaving childhood behind and entering the in-between zone, before adulthood. Similarly, *baby blues* though not lasting as long as puberty blues, is the body's *natural emotional response* in the immediate hours following the experience of the body birthing another human being, and in some instances lasting up to 10 days, peaking on the fifth day. This can occur in 15-85% of new mothers. Childbirth is no small feat and must be given due credit firstly, to the woman and what her body can accomplish, and the amazing way the human body has been created to achieve that end. *Baby blues* are characterized by the following symptoms, along with identifiable contributors. It is important to stress that these symptoms and responses to contributors are *normal*, *despite not being welcome*! "*No clear biologic measure has been identified to be causative or predictive of postpartum blues*."[2] Due to the *short-lived* nature of *baby blues*, it does not qualify as postnatal depression. However, if symptoms in the following table persist past the 10-day mark, *assistance ought to be pursued*.

Symptoms	unexpected crying lasting 5min or a few hours; fatigue; poor concentration; confusion; inability to absorb instruction; anxiety over unknowns; resentment towards the baby's father; lowered tolerance levels; exhaustion
Contributors	breastfeeding issues; sore breasts; feeling judgment from others; lack of empathy; lack of experience; insufficient support from hospital staff; comments about the baby's looks; oversensitivity to people's remarks; stress from looking after other children & caring for family needs; comparison to other babies; not having the perfect textbook delivery

Postnatal Depression

On the other hand, *PND* symptoms remain present over a *longer period* and vary in *degrees of intensity*. Sometimes these disappear with the onset again of the menstrual cycle, however, if not, will require *medical intervention*. It can manifest any time during the first year following childbirth, subsequent to the *baby blues*. The following study of 413 women highlights the varying timeframe *PND* manifests.[3]

> 46% started within 2 weeks of delivery, 14% between 3 to 6 months, a further 22% by 3 months, and 18% between 3 to 6 months. When *PND* started after 3months, it often starts when breastfeeding ends, when menstruation starts again, on starting the Pill, on taking up night work, or on adopting a rigorous weight-reducing diet.

The latest research into this area now reveals the following.[4]

> A Murdoch Children's Research Institute study of 1500 mothers found that 10% of women reported symptoms of depression a year after the birth of their first child - but this increased to *15% four years after the birth*. Women who experienced depression in early pregnancy or in the first year after giving birth were more likely to have symptoms of depression when their child was four years. But 40 percent of women who were depressed when their child was four had not previously reported symptoms, suggesting their mental health worsened as their children grew older.
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> Lead author Hannah Woolhouse said the findings contradicted the prevailing view that mothers were most vulnerable to depression in the first couple of months after giving birth. *''This is one of the first large studies to report the prevalence over time of maternal depression in first-time mothers from pregnancy to four years' postpartum,''* she said. *''The findings show the extent of depression affecting first-time mothers, even up to four years after the birth of their child.''* Principal investigator Stephanie Brown said vulnerability to depression in the post-natal period was not entirely due to hormonal and physiological changes,

but also linked to major life changes that occurred for new mothers at this time. She said the higher rate of depression when children were aged four was not explained by the birth of a second or subsequent child.

In fact, women with only one child at the four-year follow-up reported double the rate of depression (23%) compared to those with two or more children (11%). This was partly explained by higher levels of disadvantage among women with one child at four-year follow-up, the researchers said, but could also be due to a lack of support, as children grew older. Factors that increased the likelihood of depression at four years included being aged under 25 years at the time of first birth; abuse by an intimate partner; having a low income, and experiencing multiple stressful life events such as divorce or housing problems. Overall, one in three women reported symptoms of depression at some stage in the first four years after the birth of their first child.

As you can see, the result of recent research now challenges the way we have looked at *PND* up until now. This also means that mothers need more support past the 1-year mark. Aside from the *biological* changes, *external factors* also play a significant role in *PND*. Some of these *stressors* we refer to as *sociological* stressors such as low income, domestic violence, divorce or housing problems. *PND* is characterized by the following symptoms along with identifiable contributors. Generally, people with *PND do not know* they have it, and if told they have it, *cannot clearly articulate the reason for it*. Some refer to *PND* as the *disease of loss*,[5] which the following table will corroborate.

PND

Symptoms	irrational anxiety; lowered tolerance levels; exhaustion; irritability; gloominess; despair; despondency; loss of enthusiasm; inability to think clearly, remember or concentrate; loss of sex drive; bonding issues with newborn; general disconnectedness; listlessness; panic attacks; lowered noise level tolerance; oversensitivity to baby's noises; increased food cravings; mental & physical fatigue; apathy; violent outbursts; argumentative; loss of confidence; withdrawal from social circles; clinginess; fear of forgetting; aching muscles; chronic flu; vertigo; dizziness; emotional flatness; diminished coping capacity
Contributors	hormonal changes; weight gain - *maternal obesity*; inability to lose weight; sleep deprivation; baby's feeding demands; personal expectations of motherhood; isolation; the presence of milk months after breast feeding has ceased – *galactorrhoea* due to excessive *prolactin*; relationship strain; progesterone levels

Recently there have been women in the news who have forgotten where they left their babies; much like a person forgets where they put their car keys. Unfortunately, this can have catastrophic outcomes. Mothers, who thought their baby was safely asleep in their cot at home, forgot they had left them in a hot car, resulting in the infant's death. This extreme level of forgetfulness is termed, *forgetting baby syndrome* (*FBS*). If a mother finds herself forgetful about little things, it may be helpful to have on hand *pen and paper and write things out as she goes.* This ensures that during this span of time when things are being forgotten and causing undue stress, wiring the brain to come back to the *safety of a list* – serving as an *extension of the brain*, will reduce stress.

A helpful *self-test* to administer if a mother suspects she might be experiencing *PND* or someone else suggests to her this might be the case is the *Edinburgh Postnatal Depression Scale* (*EPDS*).[6] Developed in Britain in 1987, this simple10-statement questionnaire located at the back of this manual may provide helpful insights into the health of a mother. If the score is 13 or above, this will require follow-up by a health care professional. This standardised scale is used throughout the world by health care workers, assisting them in identifying mothers with *PND*. There is no *right* time to administer the test; it can be completed at the 6-week or 3-month mark, both recognised as critical times in a mother's journey or anytime during the first year. Ideally, it needs to be completed when the mother has alone time, without distractions.

Puerperal Psychosis[7]

Symptoms associated with *Puerperal Psychosis* (*PNP*, *Postnatal Psychosis*), are not generally found in women who when not pregnant, enjoy good mental health. Women experiencing *PNP* are at the *high-risk* end of the *PND* spectrum. *PNP* affects about *1 in 500 women* and is more common after a first pregnancy. Recurrence in a future pregnancy is relatively high, approximately 20%, especially if the interval between pregnancies is short, so careful family planning and specialist follow-up are essential.[8]

The term psychosis is the name for a group of mental illnesses where there is a loss of contact with reality. With time and careful management, most people do recover fully from these episodes – many never having another episode. Women are most at risk of developing a significant mental illness during pregnancy or in the first year following birth. Of these, postnatal depression is the most common. Postpartum psychosis, although relatively rare, is the most dramatic and severe requiring emergency, specialist treatment in an in-patient psychiatric unit. Postpartum psychosis is considered to put the safety of the mother and her infant at risk. Whether the mother and her infant are cared for together or separately

will largely be determined by the severity of the illness, the mother's symptoms, an individual needs assessment and/or the availability of mother-baby unit beds.

Not all places have mother-baby units, so the options for in-patient treatment may differ depending on where the mother lives. There is no real known cause, however, there are theories that the biological changes involved in pregnancy and childbirth may trigger it.

Other factors, which may contribute to its development include:

- A genetic predisposition
- Previous mental illness
- Environmental, social, and psychological stress factors

The following characterizes *PNP*.

PNP

Symptoms	delusions; significant confusion; hallucinations both visual; disconnect & rejection of the baby; complete metamorphous of personality; violence towards baby; distorted negative opinion about baby's appearance; insomnia; anxiety; agitation; suspicious of people's intentions; overly-demanding; conspiracy thinking; irrational actions & nonsensical comments; living in a fantasy world; hearing voices & other noises; seeing imaginary people or animals; ruminating thoughts - *compulsively focused attention on a single thought or object*; disoriented about time – hour, day or month & places; phantom pregnancy; detached from reality; fear of baby; manic behaviour – *extreme highs*; amnesia

It is hard to imagine how being trapped in such a world might be like for a mother. The joy of welcoming a much-anticipated, carefully planned baby, only to find herself and by extension the entire family unit engulfed in a *mental war zone*, a war zone that can potentially prove lethal, is tragic beyond words. A mother in this situation *cannot be left unattended at any time* and along with her baby, *must immediately*, as *symptoms surface*, be admitted to a hospital to receive appropriate care. This should happen *with* or *without her consent*, even if she must be dragged kicking and screaming, or threatening those who are aiding her. It is imperative that the seriousness of the situation is not *diminished* in a hope that *it will pass*, as without medical intervention the outcome can be injurious to the mother and baby. However, the good

news is that with *prompt intervention* this condition is *treatable* and 100% recovery possible. Without adequate intervention, the result can sadly in some instances lead to infanticide.

One of the concerns women who suspect they have *PNP* is, if they speak out they might lose custody of their child or children, and considered unfit mothers. This may result where women are able, in hiding their symptoms or keeping their struggles to themselves for as long as they can, which ultimately may prove hazardous, culminating in *infanticide*. It is also worth observing that not all women with *PND* of some form suffer depression, some just experience a *numbing of emotions*.

Infanticide[9]

When the news media report on the death of a baby at the hands of its mother or the suicide death of a mother and her infant, most of us shake our head in disbelief, wondering how on earth things reached such a crisis point. It is the phone call or knock at the door no father, in-law, or parent expects to receive, announcing that their daughter/wife has taken the life of their child or taken her life and the life of their child in a murder-suicide.

The following table identifies symptoms associated with *infanticide*. The table also notes the length of time 51 women said they suffered from *postnatal illness* (*PNI*). You will observe that tragically over 25, nearly half those who gave their experiences, *suffered longer than 12 months* with *PNI*. This is alarming, to say the least.

Infanticide

Symptoms	hallucinations of grotesque & frightening creatures; hearing voices issuing instructions, demanding obedience; obsessive thoughts of hurting the baby; extreme withdrawal; despair; suicidal; feeling out of control; expressed fears of murdering, hurting, shaking, hitting, mutilating, drowning, suffocating & stabbing their infant
Duration of PNI	under 1month = 0; under 3months = 6; under 6months = 9; under 12months = 10; over 12months = 25

As you can see the symptoms in *PNP* and *PNI* are at the fatal end of the spectrum and mothers who suspect they are in this category, are in need of *specialized care*. If a mother has possession of antidepressants, the *risk of overdosing* is significant, and her husband/partner or a close family member should administer these. Women in these categories are at high risk of *suicide*, and should receive *strict monitoring*, and most certainly *should never be left alone*, even if offering assurance they are ok unless *substantiated by a qualified medical specialist*. Dalton with much experience in this field makes the fol-

lowing positive comment about women with *PNP* or *PNI*, offering hope of a good outcome for those who receive treatment.[10]

> Women who commit infanticide fall into the category of *when they are ill they are very, very ill, but when they are well they are perfect*. As with most women suffering *PND*, their illness may gradually change to severe *PMS*.
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> When *PMS* is adequately treated and they are restored to their normal health with their previous personality, these mothers have a natural desire to have another pregnancy. It is important to know the correct definition of *PMS*. The word *symptom* means a collection of symptoms, which commonly occur together. In *PMS* there are over 150 different symptoms; among this great variety of symptoms are headaches, migraine, backache, joint pain, bloatedness, asthma, hay fever, and epilepsy. They are only included in *PMS* if there is *close time relationship with menstruation and if there are a few days completely without symptoms, always in the same phase of the menstrual cycle.*
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> *Dalton notes the similarities between PMS and PND*
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> 1) Both have symptoms of depression
> 2) Both are related to a drop in progesterone blood level
> 3) Both rely on timing for diagnosis
> 4) Both worsen on the Pill
> 5) Both respond to treatment with progesterone
> 6) Both respond to consideration of progesterone receptors
> 7) Suicide is an ever-present danger in both

[1] Dalton, K., & Holton, M., 2001: 1-5.
[2] Pearlstein, T., Howard, M., Salisbury, A., & Zlotnick, C., 2009: 357-64.
[3] Dalton, K., & Holton, M., 2001: 132.
[4] Hagan, K., 2014; Pearlstein, T., Howard, M., Salisbury, A., & Zlotnick, C., 2009: 357-64.
[5] Dalton, K., & Holton, M., 2001.
[6] Cox, J., Holden, J., & Sagovsky, R., 1987: 782-86; Wisner, K., Parry, B., & Piontek, C., 2002.
[7] Dalton, K., & Holton, M., 2001: 85-91.
[8] PANDA FACT SHEET – 13. Accessed August 2014.
[9] Ibid: 95.
[10] Ibid: 100, 142, 152.